

## - BEDSIDE MEDICINE FOR BEDSIDE DOCTORS -

An open forum for brief discussions of the workaday problems of the bedside doctor. Suggestions for subjects and discussants invited. Useful extracts from letters will be published.

### SHOULD DRUG ADDICTION BE A REPORTABLE DISEASE—GIVE REASONS

**The Editor**—The narcotic situation is a troublesome one to doctors, legislators, courts, police, and the public.

It is pre-eminently a medical problem, about which physicians have little or nothing to say. Narcotics are among our most important remedies, but it is getting constantly more difficult to use them legally. The question, ably discussed below, is likely to receive further agitation during the present session of the legislature, and the opinions of the prominent discussants here published may prove of use to those charged with the responsibility of making our laws.

**Robert T. Legge \***—As a student of preventive medicine, I believe that the prevention of drug addiction should engage as much consideration in this field of endeavor as any infectious disease.

This evil which is attracting much unwise publicity, due to grossly unwarranted and exaggerated statements of an increasing menace to society, could be curtailed and reduced to a minimum by government supervision of drug traffic, the exception being only in the cases of those unfortunates suffering from incurable maladies.

Sociologists inform us, if statistics are dependable, that fully 95 per cent of drug addicts are the outcome of association with the underworld, or the channels leading directly to it. These individuals, mostly delinquents and social misfits, become addicted largely through association with habitués who find in the drug a panacea for the physical and mental ills which are the results of the lives they are leading. Psychiatrists and criminologists have always been aware that the individuals who will fully adopt narcotic habits are psychopaths, and, in a few instances, accidental cases.

Since the Harrison Narcotic Law went into effect there is no question that drug addiction has materially decreased, judging by statistical reports of population and amount of narcotics now manufactured. It is a well-known fact that drug peddlers and smugglers illicitly secure their supplies from our neighboring countries; a fact that the United States should take note of by an international regulation. The American Medical Association should define in the form of a law what constitutes in professional practice the legitimate use of narcotics. Such a law could be incorporated as an amendment to our state narcotic acts and probably abate an abuse that is at present practiced by careless and unscrupulous practitioners.

It may be possible to determine by careful research the possible minimum therapeutic use of morphia and cocain, so as to curtail the manufacture and importation of these two drugs, heroin and other types of narcotics to be prohibited entirely.

It therefore seems to the writer that there can be no question as to the great value of a thorough investigation and report of the actual conditions existing, for the reasons here briefly stated:

1. As there are no reliable statistics as to the extent of the problem, the reporting of all addicts to the official health officers by physicians, nurses, social workers, peace officers, and institutions would contribute at least to determining the number of addicts.

2. It would afford opportunity to estimate the probable number of psychopathic hospitals, narcotic clinics, and farms for the curable cases, and the amount of institutional space for the confinement of the hopeless.

3. It would aid Congress to an intelligent appropriation of funds to each state for the relief of habitués under treatment, and to uphold the Federal Narcotic Acts.

4. It should contribute to the establishing in every municipal and county hospital a narcotic clinic for the curing and rehabilitation of the addict, and for the purpose of segregating the criminal and the hopeless cases, and to maintain a follow-up system so as to keep in touch with them after rehabilitation. These clinics will permit the patient to secure his narcotics while undergoing treatment at cost and will effect the elimination of the drug peddlers. As most addicts are suffering from other infirmities, a clinic can care for these during the narcotic therapy.

5. A knowledge of the victims of the narcotic habits will make it possible to obtain valuable information in regard to their sources of supply, and will aid the police in the detention of the criminals of both classes: the addicts and those who contribute to their debasement. A history as to age, race, sex, occupation, mentality, etc., would be of inestimable value and aid in educating the public in the problem, and would also produce an informed and intelligent public opinion.

**George E. Ebricht \***—A law making drug addiction a reportable disease would, from a practical

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cal standpoint, be impossible of enforcement, unless failure to report such cases was made punishable by quite a heavy fine. I do not believe that the medical profession should be subjected to such a penalty unless the expected results of the enforcement of such a regulation would be a solution of the problem, which is, upon its face, an impossibility.

For example, if all drug addicts in California, their name, sex, address, age, occupation and whatever other information may be desired, should be completely reported at once and a roster of 100 per cent of all such cases be in the hands of the authorities, the situation would then be just where it was on January 4, 1923, when a commission consisting of H. B. Meader, president California State Board of Pharmacy; Egerton Shore, member State Board of Control; John A. Reily, M. D., member Lunacy Commission; George B. McDougall, state architect Chief Division of Architecture; and George E. Ebright, M. D., president California State Board of Health, made a report to Governor Stephens, too long to publish in full, but which concluded by recommending:

"First, that the Legislature of California memorialize the United States Congress to take such steps looking toward the control of the manufacture and importation of narcotic drugs and that treaties be entered into with foreign countries to prevent the smuggling of such drugs into this country.

"It is the unanimous opinion of the committee that opium and its derivatives properly used by patients in the hands of the medical profession have been a boon to the human race in the alleviation of suffering and pain and that such proper use of narcotics should in nowise be hampered or interfered with and that the medical profession may be trusted as a whole to properly safeguard those in their charge from abuse of these important and necessary remedies.

"The committee therefore respectfully recommends that the legislature consider the inefficacy of the infliction of fines and short jail sentences upon those convicted of smuggling and peddling narcotic drugs and consider the question of sufficiently long jail sentences as a deterring influence upon smuggling and the peddling of narcotics."

On account of the ease with which it may be accomplished, as compared with other forms of smuggling, opium smuggling will undoubtedly continue as long as a source of supply remains available. International action by the nation's most interested in the problem is necessary to accomplish a reduction of the supply at its source, and recently an effort has been made to bring it about. Advices from London dated June 11, 1926, are to the effect that India will cease to export opium except for medicinal uses in ten years. A loss of revenue to India is estimated to be \$7,200,000 annually, and to avoid too serious economic effect a gradual curtailment covering the ten years has been arranged.

Whatever the wisdom of this action may be remains to be seen. Certain it is that opium or its derivatives is one of the most necessary drugs in the physician's armamentarium. Any curtailment of the liberties of the medical profession in the use of opiates is, in my opinion, attended with far more

serious dangers than have heretofore been presented in the abuse of the drug. Already the manufacture of heroin has been stopped by law. An action which undoubtedly would not have been taken had it rested upon the vote of the practicing physicians and surgeons of the country.

I believe that the medical profession should be very slow in advocating a curtailment of their own liberties and should view with suspicion all acts on the part of others which might in any way jeopardize or hamper or restrict them in the execution of their professional judgment; or in the free use of those products of scientific labors and investigations which has marked the advance of civilization.

I can conceive that when opium and its derivatives are limited to "medical use" it will be necessary to define the term "medical use," and when that times comes it will be very interesting to know whether or not the great army of practicing physicians and surgeons have very much to say in shaping that definition. They are, after all, the only ones who have any right to voice the needs of those suffering from pain, and while no one with any spark of humanity can belittle the suffering and privation brought about by drug addiction, it is wise to consider carefully the cure of that ill that we have lest we unwittingly incur another far more serious one.

**George Parrish \***—It is a mooted question whether under our present laws and ordinances, rules and regulations, drug addiction should be made a reportable disease. If so, just what good would be accomplished?

There are many angles to consider—the first and almost the only good that can come from reporting under the present system is that it will give a fair estimate of the number of addicts in a community. Even these reports will not be accurate because of the illegal traffic or "bootlegging" which is being done. When a case is reported the Health Department can take no step toward bettering the addict's condition, for under present regulations the health officer has no authority. At present he is nothing more or less than a rubber stamp for the National Narcotic Board.

At the national convention, which was held at the Hague in 1912, the powers pledged themselves to control the drug evil and enact laws regulating the use of all habit-forming drugs, making illegal possession a penal offense; limiting the manufacture of morphin, cocaine and their salts to authorized agents who shall register quantity, disposition, etc.; controlling the manufacture, receipt and disposition of the drugs to the hands of the user. The governments have not done what they pledged.

Under the Harrison Act there is no limit to manu-

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facturing for export. In 1920 alone 81,000 ounces of morphin and 108,056 ounces of cocain were exported and much of this was smuggled back into the United States of America. Regulations that are too severe have been the means of creating thousands of smugglers. The Harrison Narcotic Act in its present form offers the addict neither hope nor consolation. In depriving him of his drug it offers him neither a cure, a placebo, nor a substitute. In his agony and distress he is compelled to "bootleg."

Under these circumstances and present regulations no great good can come from compelling physicians to report these cases to the Health Department.

A great good could come from completely readjusted conditions.

1. The National Narcotic Board should consist of one member chosen from the United States Public Health Service, one from the American Medical Association, one from the Army and one from the American Public Health Association, and one layman, and a national figure.

2. This board should change completely or modify its present regulations.

3. As addicts are hopelessly ill, medical men on the board will understand their management much better than the layman.

4. A central clinic under the supervision of the Health Department, where the drug is given by the doctor himself. It should not be given to the victim to carry. He will return twice daily for his "shot." The patient should pay actual cost of drug. This system will give the victim his drug for approximately 8 cents per grain. Whereas he now pays \$1. Many a victim can pay 8 cents and remain honest. A dollar per grain makes thieves and murderers. This cut-price system will destroy the illegal traffic.

5. A card index system with history of each case should be kept.

6. Hospitalization, preferably on a nearby island, for not less than two years for all users who are otherwise physically O. K., where they could and should work, the product of their labor to be sold to help support the institution. The patient should receive 50 cents per day or \$365 for two years. He should upon release be given this at the rate of \$50 per month. Restored by labor of two years and good food to perfect health, with \$365 in his pocket, the majority will go straight.

7. The federal courts, not the local court, should sentence peddlers.

8. Under the above regulations I believe reporting of addicts should be compulsory, otherwise not.

**William C. Hassler \***—There is but one argument that can be used in favor of making drug addiction reportable, namely, the value such knowledge would be in educating the public to the dangers

resulting from the use of narcotic drugs. The public is impressed by figures, and responds quicker to any effort at correction when numbers face them in an appeal for relief than to preachment. Workers in public health preventive work can point to this fact in past campaigns for the establishment of sanatoria for the tuberculous, hospital beds and institutions for the treatment of cancer, heart disease or the establishment of prenatal and postnatal clinics; and numerous other efforts in preventive public health work.

If the reporting of drug addiction would bring about similar results it certainly would be not only worth while but would be given a whole-hearted support by every respectable physician in the practice of medicine.

If such reporting would be enforced and the figures obtained given to the public it would break the vicious circle that now exists and insure success of the effort many of us are making (in a small way though it be) to bring about a rehabilitation of these unfortunates.

It would also put out of a profitable business many individuals and institutions who do a thriving trade in phoney cures.

It would unquestionably result in the public demanding and bringing adequate federal and state aid to care for the hopeless and incurable as well as hospitals and convalescent farms for the hopeful cases.

It would eventually bring about legislation curbing the manufacture of narcotics and limit their release to the legitimate trade, to the actual needs of the medical practitioner. I believe the manufacture and distribution of all narcotics should be under the same supervision and control that obtains, say, for antitoxin or vaccine virus, excepting that the amount any licensed manufacturer may produce shall not exceed his quota allotted for any year.

It must not be forgotten that all users of narcotics are sick people and should be treated as such. The police have no place in the scheme of caring for and treatment of this class of unfortunates, excepting only insofar as apprehension for crimes committed or in the prosecution of the peddler, who if an addict (and 99 per cent of all peddlers are addicts) should first be subjected to a "so-called cure" and then serve a felony sentence in a state prison. Every state prison should have facilities to treat addicts; or these addicts and the hopelessly long term offenders who are addicts should be removed to a separate institution which undoubtedly it is contemplated to foster.

This would relieve the burden and necessity of supervision, which no matter how honestly prosecuted is hopelessly ineffective and results, because of contacts, in new victims being added to the ranks each year.

The arguments against making addiction disease reportable are equally as numerous as are the beneficial results which might follow if it were a law.

Outstanding is the question of the right of the state to interfere with relationship of doctor and patient. Addiction disease differs from communicable diseases. Are we not already overdoing the regulating of the doctor? No one questions the

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legality and legitimacy of the state's demand to record the births, deaths, and communicable diseases that occur in his practice including the social diseases, but each year adds some new restriction which if given time must finally include him among the dollar-a-year agents of the state.

Would the inclusion of addiction disease among the reportable diseases bring to light the thousands in the United States in the upper strata of society who use drugs any more than it now does those in this stratum who have either of the social diseases? If not, then it leaves us just where we are today, and we could still apply the remedies that experienced workers propose.

Few, if any, of the drug addicts are true patients of the practitioners of medicine. Those who are such are sufferers from some other complication that requires medical attention. All others may be grossly divided into two classes: the chronic hopelessly incurable addict who wouldn't be cured if he could and who is a permanent institutional case, and the other group who want to be cured but cannot under the existing order of things.

There need be no fear on the part of the medical profession or the police that if proper facilities are provided other than an asylum every one of the latter group will voluntarily proclaim himself and seek relief. At least that is our experience covering a period of five years' effort in this work.

I am not in favor of clinics to furnish drugs to the addict. This has proven a failure and holds no premium toward a cure. In effect it advertises an illegal practice, just as the restricted redlight district once did for prostitution.

I am not in favor of making it a reportable disease because such a law is not enforceable, and I doubt whether our courts of law would uphold it, but I am strongly in favor of hospitalization, convalescent farms or retreats, tightening up of the manufacture and limiting the supply, and imposing heavy prison sentences for vendors and peddlers, and a strong social service organization to aid and follow up the work of final rehabilitation.

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**Phosphates and Fatigue**—During the World War astounding reports were circulated regarding the promotion of muscular activity and the prevention of fatigue in both man and animals through the administration of sodium phosphate. It was attempted during the war to increase the muscular efficiency of the German soldier by the oral administration of acid sodium phosphate in sub-laxative doses with alleged favorable results. Experiments conducted by the United States Public Health Service indicate that the ingestion of acid sodium phosphate does not increase muscular efficiency, but that there is a feeling of well-being experienced by many who ingest the salt. This probably depends on its stimulating action on the intestinal tract, and is due in part to increased elimination of alimentary waste. Acid sodium phosphate (sodium biphosphate) is more pleasant to take than other saline laxatives and is positive in its effects; those subjects who were constipated felt the beneficial effects of this laxative.—*Journal A. M. A.*

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A prize has been offered for the best code of morals for co-eds. Perhaps it will occur to someone to enter the Ten Commandments in the competition.—*Albany Knickerbocker Press.*

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Among the things now operated on the installment plan in America is polygamy.—*Macon News.*

## EDITORIALS

### THE INFLUENCE OF SYMBIOSIS ON MICRO-ORGANISMS: THE EVOLUTION OF PARASITISM

Speaking on this subject in Manila eighteen years ago (Philippine J. Science, April, 1908), Musgrave defined symbiosis as representing all phases of association between living organisms, including commensalism and true parasitism, in which either host or parasite is influenced by the other. That address closed with the prophecy that a promising field for research will be found in the study of causes and effects produced by the association of micro-organisms with each other and with their hosts in their environment of complex groups as well as individual symbiosis and the changing conditions in hosts.

Others before have indicated, and several since, that publication—particularly those interested in working out the manner in which animal parasites cause disease—have emphasized the possible group nature of tolerance by hosts and virulence among micro-organisms.

Interest in the problem has been revived recently by Aldo Castellani's able exposition of this subject, the careful study of which by present improved methods offers fruitful promise to patient investigators with a vision.

Reading and reflection on the possibilities inherent in this situation will open up vistas, fire the imagination, and energize the thoughtful investigator to further explore the subject. The action of group on group with group consequences seems quite as important to understand as is the action of an ultimate unit in complex and rarely constant environment.

May it not be that we are inclined to accept carrier, immunity, susceptibility, virulence, non-pathogenic, "balanced" this and that as explanations with too much complacency? What is this and that? What by breeding, what by environment and, over all, what by group association?

There is no reasonable doubt that symbiotic combinations between micro-organisms are responsible for many uninterpreted phenomena in the etiology and pathology of disease.

In animal and plant life from the highest to the lowest forms, we see evidence that certain associations and groupings contribute to virility and growth, while elements in other associations may damage a whole progressive movement quite as effectively as the broken link destroys the strength of the chain.

More light needs to be thrown on the metabolism of host and parasite. We have evidence that changes in symbiosis may produce changes in metabolism and in consequence changes in the pathogenicity of parasites and the susceptibility of hosts. This quite independent of the volume of influence.

That the virulence of pure strains of bacteria are decidedly influenced by the physics and chemistry